

Medicare Part B vs. Part D determination form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: Medicare Part B Medicare Part D
 This request is: Expedited request Standard request

Your request will be expedited if you haven't gotten the prescription and Priority Health Medicare determines, or your prescriber tells us, that your life or health may be at risk by waiting.

Immunosuppressive drugs (oral)

Member

Last Name: _____ First Name: _____
 ID #: _____ DOB: _____ Gender: _____
 Primary Care Physician: _____
 Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____
 Provider Address: _____
 Provider NPI: _____ Contact Name: _____
 Provider Signature: _____ Date: _____

Product Information

Drug product	
<input type="checkbox"/> azathioprine	<input type="checkbox"/> sirolimus
<input type="checkbox"/> prednisone	<input type="checkbox"/> cyclophosphamide
<input type="checkbox"/> cyclosporine	<input type="checkbox"/> tacrolimus
<input type="checkbox"/> mycophenolate mofetil	<input type="checkbox"/> Other: _____
<input type="checkbox"/> mycophenolate sodium	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Zortress	<input type="checkbox"/> Other: _____

Coverage determination criteria

This drug requires prior authorization and may be covered differently under Medicare Part B (medical benefit) or Part D (prescription drug benefit) depending on the patient's circumstances. To determine which benefit the drug is covered under, Priority Health Medicare needs to know the use and setting of the drug.

- A. What condition is the drug being used for? _____
- B. Was the member eligible for Medicare Part A at the time of transplant? Yes No
- C. If applicable, what was the date of the patient's transplant? _____

Additional information

If the patient is using the drug because of a transplant and the transplant was covered under Medicare Part A, the drug is covered under Medicare Part B. When this drug is not covered under Medicare Part B, it is only covered under Medicare Part D when it is used for a medically accepted indication. A medically accepted indication is a use of the drug that is *either*:

- approved by the Food and Drug Administration. (That is, the Food and Drug Administration has approved the drug for the diagnosis or condition for which it is being prescribed.)
- -- or -- supported by certain reference books. (These reference books are the American Hospital Formulary Service Drug Information and the DRUGDEX Information System)